# Alaska Arthritis Plan

June, 2008

State of Alaska
Department of Health and Social Services

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# Executive Summary

The prevalence of arthritis in Alaska continues to grow at an alarming rate. According to the Alaska Behavioral Risk Factor Surveillance System (AK BRFSS), 17% of Alaskans reported they were told by a doctor that they have arthritis in 2001, in comparison to 25% in 2007, representing **a 59% increase in the number of Alaskans with arthritis in six years**. Between 2001 and 2007, the US prevalence of doctor-diagnosed arthritis increased from 23% to 27%, a 22% increase and less than half of the increase noted among Alaskans. With our aging population, the prevalence of arthritis in Alaska is expected to increase by another 46% over the next 25 years.

Arthritis is the leading cause of disability in the United States and is associated with substantial activity limitation, work disability, reduced quality of life, and high health care costs. Arthritis is estimated to cost Alaska **$274.7 million dollars** in direct health care costs and indirect costs from missed work. Between 2001 and 2007, the prevalence of **arthritis among Alaskans ages 45 to 64 increased by 71%**. This is of concern because of the significant economic ramifications due to disability and lost productivity prior to retirement.

The Alaska Department of Health and Social Services Arthritis Program was established in 1999 by a Cooperative Agreement with the Centers for Disease Control and Prevention. The Alaska Arthritis Advisory Group was organized the following year with the mission to improve the lives of Alaskans with arthritis through partnerships in public education, prevention, early diagnosis, and management of arthritis and related diseases. Both groups worked together to produce the 2002 *Alaska Arthritis and Osteoporosis Plan* to address the burden of arthritis in Alaska.

The new 2008 *Alaska Arthritis Plan* builds upon the framework of the first document with updated objectives and strategies addressing evidence-based intervention programs, partnerships, public awareness and education, quality health care, and surveillance. The new *Plan* presents the most recent 2007 AK BRFSS surveillance data on arthritis, arthritis risk factors, and quality of life to monitor the prevalence and impact of arthritis at the state level. This document also provides an update on the issues and efforts that have been a priority for the Arthritis Program, the Advisory Group, and local community organizations, and will serve as a guide for future activities as we work to reduce the impact of arthritis in Alaska.

# Acknowledgments

*Thanks to the following people for their contributions to this plan and for their dedication to improving the lives of Alaskans with arthritis:*

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# The Alaska Arthritis Program and the Alaska Arthritis Advisory Group

The Alaska Arthritis Program was established in September 1999 by a Cooperative Agreement between the Centers for Disease Control and Prevention (CDC) and the Alaska Department of Health and Social Services (AK DHSS). The Alaska Arthritis Program receives direction and support from the Alaska Arthritis Advisory Group, which consists of agencies and individuals from around the state who are committed to working on arthritis issues. This group first met in September 2000, and, while some of the original members have moved on, others have taken their place to maintain a membership of approximately 20 individuals and agencies. Some of the achievements of this group include:

- Conducted a statewide needs assessment survey of people with arthritis and primary health care providers in 2001;
- Developed the "Arthritis and Osteoporosis" chapter of *Healthy Alaskans 2010*;[1]
- Developed the *Alaska Arthritis and Osteoporosis Plan* that outlined goals, objectives and strategies to decrease the impact of arthritis and osteoporosis in Alaska;[2]
- Assisted with the development of the Alaska Arthritis Program website http://www.hss.state.ak.us/dph/chronic/arthritis/;
- Developed a distribution plan for the CDC health communication campaign *Exercise. The Arthritis Pain Reliever.*;
- Developed the *2007 Alaska Arthritis Resource Guide* to help people with arthritis and those who work with and care for people with arthritis locate national, state and local resources;[3] and
- Conducted numerous health care professional and community presentations, National Arthritis Month activities, health fairs, and worksite wellness projects to increase awareness of arthritis and intervention programs.

This group has continued to meet on a regular basis to carry out the strategies developed in the first plan, and now, the strategies in the updated *Alaska Arthritis Plan*.

**Alaska Arthritis Advisory Group Mission:**
To improve the lives of Alaskans with arthritis through partnerships in public education, prevention, early diagnosis, and management of arthritis and related diseases.

# The 2008 *Alaska Arthritis Plan*

The 2008 *Alaska Arthritis Plan* builds upon the framework of the existing plan with updated objectives and strategies addressing evidence-based intervention programs, partnerships, public awareness and education, quality health care, and surveillance. The *Alaska Arthritis Plan* aligns with the goals of the *National Arthritis Action Plan, Healthy People 2010* and *Healthy Alaskans 2010.*[4, 5]

### Overview of the *Alaska Arthritis Plan* Goals

**Goal 1:** Ensure evidence-based intervention programs are available to all Alaskans living with arthritis and related diseases.

**Goal 2:** Promote collaboration among health care providers, community organizations, government agencies, and professional organizations.

**Goal 3:** Increase the public's awareness and knowledge of arthritis and related diseases and the importance of prevention, early diagnosis, and treatment.

**Goal 4:** Improve the quality of health care for people with arthritis and related diseases.

**Goal 5:** Monitor the impact of arthritis and related diseases in Alaska.

*Tai Chi originated in ancient China. Today, it is practiced throughout the world as an exercise for better health. Tai Chi is suitable for almost anyone; it helps manage chronic pain, relieves stress, improves concentration and integrates mind and body. Tai Chi from the Arthritis Foundation is based on a program by Dr. Paul Lam, a physician in Australia. Dr. Lam's program uses Sun style Tai Chi, a form that is especially suitable for people with arthritis because it includes agile steps and gentle arm movements for improved balance, flexibility and gentle strengthening.*

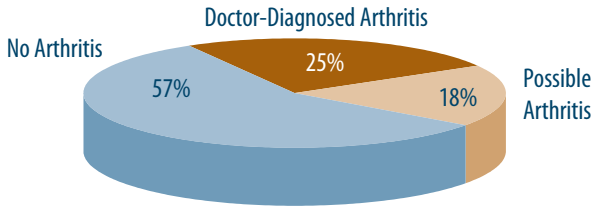
Jo Bohme, OT/L
Occupational Therapist

# Arthritis in Alaska

Arthritis is a term that is associated with **over 100 different diseases or conditions** that can cause swelling, pain, and loss of motion in or around joints. Arthritis is associated with substantial activity limitation, work disability, reduced quality of life, and high health care costs.

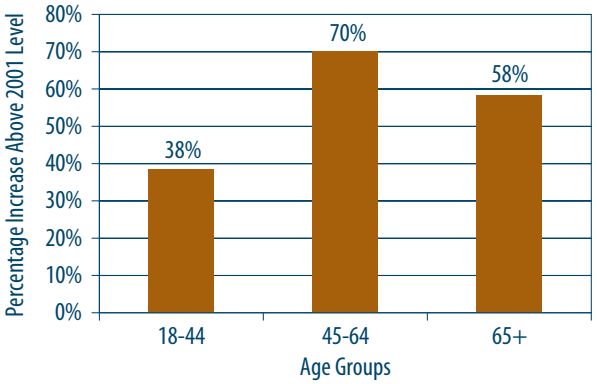
**Prevalence:** The prevalence of arthritis in Alaska continues to grow at an alarming rate. According to the Alaska Behavioral Risk Factor Surveillance System (AK BRFSS), 17% of Alaskans reported they were told by a doctor that they have arthritis in 2001, in comparison to 25% in 2007, representing **a 59% increase in the number of Alaskans in six years**.[6] Between 2001 and 2007, the U.S. prevalence of doctor-diagnosed arthritis increased from 23% to 27%, a 22% increase and less than half of the increase noted among Alaskans. In addition, the size of Alaska's population age 65 and older is expected to triple in the next 2 decades; this along with the fact that arthritis increases with maturity, will contribute to a greatly increased prevalence of arthritis in Alaska.

Percentage of Adults with Arthritis, Possible Arthritis, and No Arthritis, Alaska, 2007




For the purpose of this document, "arthritis" refers to people who have been diagnosed by a physician as having arthritis. "Possible arthritis" is defined as people who have not been diagnosed by a physician and have reported having pain, aching, stiffness, or swelling in or around a joint during the past 30 days that first began more than 3 months ago.

Percentage Increase in Doctor-Diagnosed Arthritis Among Alaskan Adults (18+) from 2001 to 2007, Alaska 2001 & 2007

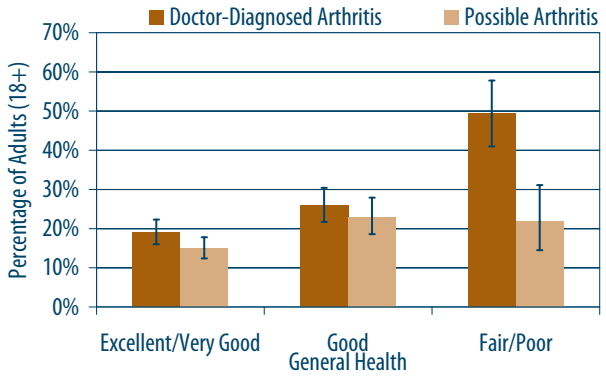



**Impact:** According to the Centers for Disease Control and Prevention (CDC), arthritis is the leading cause of disability in the United States.[7] Activity limitation and pain caused by arthritis have a tremendous impact on the lives and livelihoods of many Alaskans. Between 2001 and 2007, **the prevalence of arthritis among Alaskans ages 45 to 64 increased by 71%**. This is of concern because of the significant economic ramifications due to disability and lost productivity prior to retirement.

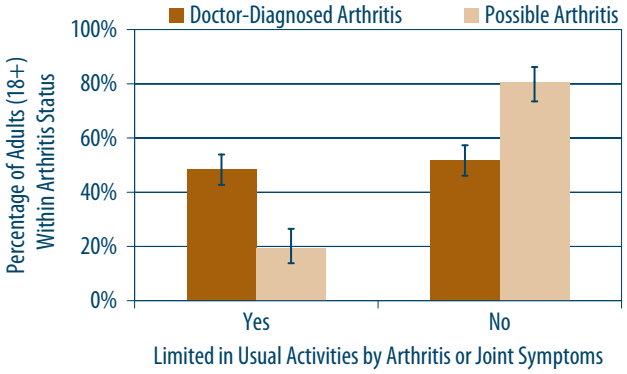
- **49%** of those with doctor-diagnosed arthritis reported their general health status as "poor".
- **48%** of those with doctor-diagnosed arthritis reported being limited in their activities due to arthritis or chronic joint symptoms.
- **31%** of working-age adults (age 18-64) with arthritis reported they are limited in their ability to work for pay because of arthritis.[8]
- Arthritis is estimated to cost **$274.7 million dollars** in direct health care costs and indirect costs from missed work in Alaska.[9]

# Arthritis in Alaska

Percentage of Adults with Doctor-Diagnosed Arthritis and Possible Arthritis by General Health, Alaska, 2007

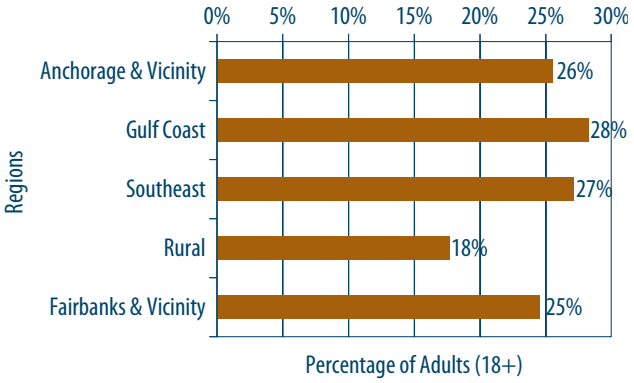



Percentage of Adults Limited in Usual Activity by Arthritis or Joint Symptoms by Doctor-Diagnosed Arthritis and Possible Arthritis, Alaska, 2007

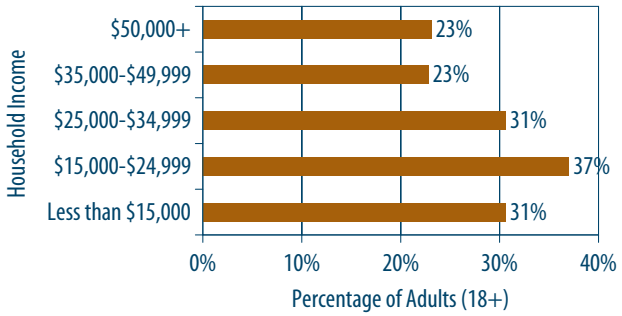



**Demographics:** Although the prevalence of doctor-diagnosed arthritis by region was highest in the Gulf Coast and Southeast regions, the Anchorage/Mat-Su and Fairbanks regions have higher absolute numbers of people with arthritis (15,400; 13,900; 65,000; and 16,200 people, respectively). Doctor-diagnosed arthritis is more prevalent among Alaska adults living in households with an **annual income less than $35,000**. Arthritis is generally more prevalent among those with less than a high school education in the U.S., but there is not a significant difference in Alaska.

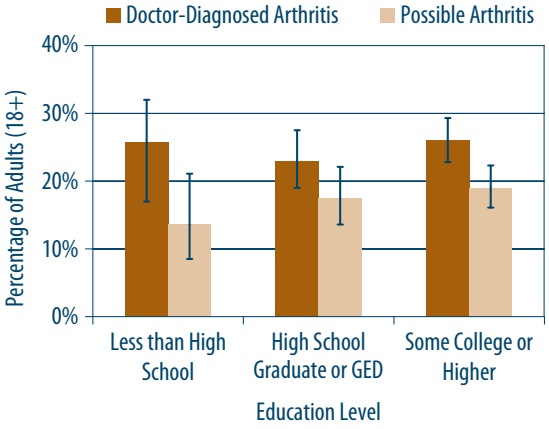
Percentage of Adults with Doctor-Diagnosed Arthritis by Regions, Alaska, 2007




Percentage of Adults with Doctor-Diagnosed Arthritis by Annual Household Income, Alaska, 2007




Percentage of Adults with Doctor-Diagnosed Arthritis and Possible Arthritis by Education Level, Alaska, 2007



# Arthritis in Alaska

Excerpts from "Five Minute Interview: David Templin, MD", *From the College*, Vol. 1, No. 5, 2005. *American College of Rheumatology* (permission to reprint).

The average full-time worker commutes 7,800 miles per year. One American College of Rheumatology member based in Anchorage, Alaska travels 42,000 miles per year, by plane, to do his work. That's about five times the national average — and he's only half-time. David Templin, MD, semi-retired since 1989, is a rheumatologist with the Indian Health Service, a branch of U.S. Public Health Service. Since 1970, he has served the Native populations in Alaska, traveling to villages, clinics and small hospitals to bring rheumatology expertise to patients in support of primary care physicians. *From the College* talked with him recently about his unique practice.

**_FTC_: Can you describe a typical week in your practice?**

DT: Last week, I left on Sunday evening and flew to Bethel — a large native village on the Kuskokwim River. On Sunday night I stayed in quarters at the hospital. Monday morning I started at clinic at 8 a.m., and I saw patients till 5:30 p.m. Tuesday was the same, except we had bad weather come in — heavy snow with bad visibility. Most patients that would have to fly in to be seen couldn't come that day, so they flew in on Wednesday afternoon. I flew home on Wednesday night, and had clinic here in Anchorage on Friday.

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**_FTC_: How do patients get rheumatologic care between your visits?**

DT: I provide formal CME at most locations. I've always tried to do this - because doctors out there in the village communities feel a bit isolated. They are mostly family practitioners, and some are pediatricians or internists.

**_FTC_: What sticks out as rewarding experiences in your career?**

DT: Back in my earlier years, it was getting in patients with unrecognized RA, which is pretty common with atypical cases. It is great being able to get somebody started on medication, and have a reasonable feeling that I'll be able to improve their quality of life — and more important for the patient, somebody recognized what is going on. To be able to see people — even if only twice a year, to assess what's going on, to lay out a plan for the providers to follow. Those sorts of things are very rewarding.

# What is Arthritis?

All definitions are from the Arthritis Foundation: http://www.arthritis.org.

**Osteoarthritis** (OA) is one of the oldest and most common forms of arthritis. Known as the "wear-and-tear" kind of arthritis, OA is a chronic condition characterized by the breakdown of the joint's cartilage. Cartilage is the part of the joint that cushions the ends of the bones and allows easy movement of joints. The breakdown of cartilage causes the bones to rub against each other, causing stiffness, pain and loss of movement in the joint.

**Rheumatoid arthritis** (RA) is a chronic disease, mainly characterized by inflammation of the lining, or synovium, of the joints. It can lead to long-term joint damage, resulting in chronic pain, loss of function and disability. RA is referred to as an autoimmune disease because people with RA have an abnormal immune system response.

*The Arthritis Education and Support Group has been meeting in Anchorage for a number of years. Usually we have a presentation by a speaker on a specific topic. We are a very vocal group and appreciate sharing our successes and observations. If we're experiencing what acupuncture "feels" like, or trying a new piece of adaptive equipment, it's fun to watch our friends' reactions to something new.*

Loralee Willis, Coordinator
The Arthritis Education and Support Group
Anchorage

**Fibromyalgia** is a syndrome characterized by long-lasting widespread pain and tenderness at specific points on the body. The term "fibromyalgia" means pain in the muscles, ligaments and tendons. Although not defining characteristics, sleep disturbances and fatigue are also integral symptoms of fibromyalgia.

**Lupus** (systemic lupus erythematosus or SLE) is an inflammatory, autoimmune disease that affects nearly every organ system in the body, including the skin, joints, kidneys, heart, lungs, and central nervous system. The disease ranges from mild to severe and is characterized by periods of "flares" with weight loss, fever, fatigue, aching, and weakness.

*The Lupus Foundation of America, Alaska Chapter was formed in 1985 to serve and educate those affected by lupus. Serving the entire state, the Chapter stepped in to work on serving all and giving support. Local support groups were formed in the larger cities, and to reach those in the small villages and outlying areas, the conference call support groups were formed. The support groups are where those affected by lupus can talk with others affected by lupus, find support, and realize they are not alone.*

*Leading the support groups can be trying, as there are so many who are struggling with their disease; but there can be rewards as well, as you see the face of someone light up with understanding when they hear another person talking about something that they felt no one felt or understood. Or when you see a young mother crying as she holds her new baby and says that she had several miscarriages and the medical community couldn't explain why. Then she heard of the antiphospolipid antibodies at a support group and when she spoke to her physician about them, she was diagnosed with them and treated, and she had been able to have the baby.*

*Lupus affects the entire family, as the patient often needs more care and/or their personality changes because of the disease and medicines. Therefore the support groups are helpful to all of the family.*

Anna Tillman, Director
The Lupus Foundation of America, Alaska Chapter
Anchorage

**Osteoporosis** is a condition of decreased bone strength that leaves the bones susceptible to fracture. Both the density of the bone and the quality of the bone structure are compromised in osteoporosis. Postmenopausal white women are most commonly affected by osteoporosis and are most likely to suffer an osteoporotic fracture.

# What is Arthritis?

**Other types of arthritis** include gout, carpal tunnel syndrome, ankylosing spondylitis, polymyalgia rheumatica, psoriatic arthritis, Marfan syndrome, and scleroderma to name a few. Arthritis affects each individual differently in the type and severity of symptoms.

**Juvenile Arthritis** (JA) is the most common form of arthritis in children. It may be a mild condition that causes few problems over time, but it can be much more persistent and cause joint and tissue damage in other children. JA can produce serious complications in more severe cases.

The CDC estimates there are **800 children under 18 years old that have pediatric arthritis** in Alaska.[10]

*Currently, there are no pediatric rheumatologists living and working in the state of Alaska. Children with rheumatic diseases are largely cared for by their primary care physicians, by adult rheumatologists who provide services to some children with rheumatic diseases, either in Anchorage or via their regional health centers, and by a group of pediatric rheumatologists based out of the Children's Hospital and Regional Medical Center (CHRMC) in Seattle, Washington. One pediatric rheumatologist in the group travels to Anchorage quarterly, or four times per year, for outreach clinics at Providence Alaska Medical Center (PAMC) and Alaska Native Medical Center (ANMC). While Alaska Native children with rheumatic diseases have been seen at PAMC in the past for their conditions, 2007 marked the first year that Alaska Native children were also being seen at ANMC in Anchorage.*

*As rheumatic diseases in children are now being better recognized and treated more aggressively, the need for pediatric rheumatology services in Alaska continues to grow and far exceeds what can be accomplished for these children in their home state during the quarterly outreach clinics. As a result, some children are seen more acutely and/or more frequently in Seattle at CHRMC for evaluation and better management of their rheumatic conditions. Their continued care in their home state is made possible by a dedicated nursing staff at PAMC and ANMC, who help coordinate their follow-up care, by physical and occupational therapists at these hospitals and in the Alaskan communities who work with children and their families to maintain joint range of motion, muscle strength and functional independence in everyday life, and by their primary care physicians who often are an invaluable part of the team, following these patients over time for their general health care issues as well as helping with interim management, when feasible.*

Jennifer C. Wargula, MD, MSc
Assistant Professor of Pediatrics
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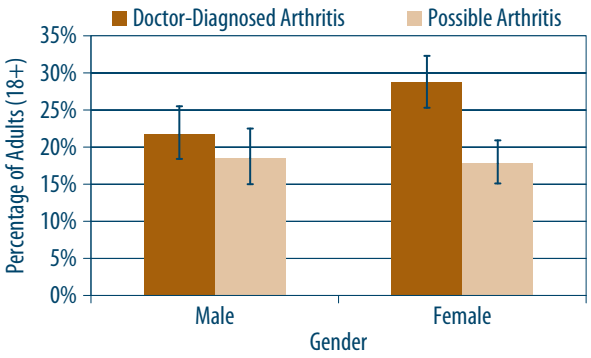
# Risk Factors for Arthritis

Some people are more likely to have arthritis than others. Age, sex, genetics, physical activity level, weight and joint injury are risk factors that may contribute to the development of arthritis.

## Gender

Generally, women are more likely than men to have arthritis. In 2007, **29% of women** in Alaska had doctor-diagnosed arthritis compared to 22% of men.

Percentage of Adults with Doctor-Diagnosed Arthritis and Possible Arthritis by Gender, Alaska, 2007

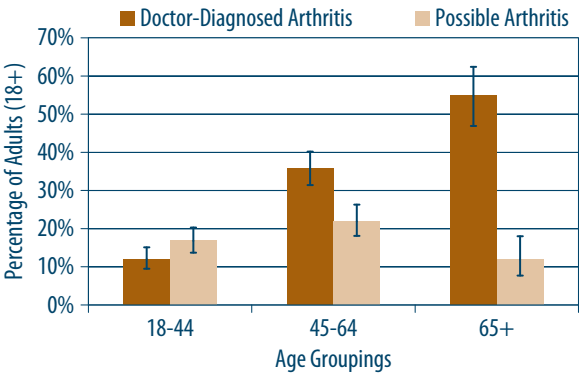



## Age

Increasing age is associated with an increased risk of arthritis. While Alaska's population is currently younger than most other states, the growth rate of Alaskans aged 65 and older is faster than all other states except Nevada. By the year 2020, the projected number of seniors 65+ will almost double, from 7% to 13%.[11] This pronounced growth of our senior population will contribute to an increased rate of doctor-diagnosed arthritis in Alaska which is estimated to **increase by 46% over the next 25 years**.[12]

Of residents aged **65 years and older, 55% reported doctor-diagnosed arthritis**. However, the majority of people with arthritis are younger than 65 years; nearly **80% of all adults with arthritis in Alaska are younger than 65 years**.

Percentage of Adults with Doctor-Diagnosed Arthritis and Possible Arthritis by Age Groupings, Alaska, 2007

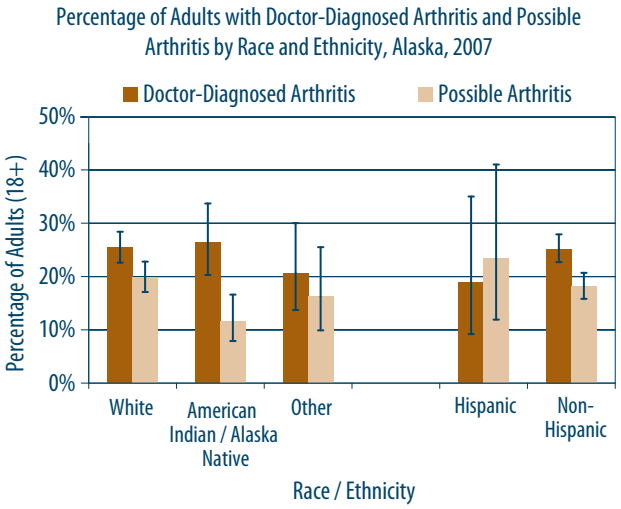



*I've been coming to the senior center to exercise since they opened 24 years ago. A doctor told me I would need a knee replacement in the next 5 years and that was 25 years ago. Without exercise, I wouldn't be walking.*

Eldiene Amer, age 88, participates in the Arthritis Foundation Aquatics Program, Tai Chi for Arthritis, yoga and rehab classes every week at the Anchorage Senior Center.

# Risk Factors for Arthritis

## Genetics/Race




Generally, arthritis affects all racial groups equally; however, different racial groups have shown higher rates of different forms of arthritis. For example, nationally, African Americans have a higher prevalence of gout and lupus.

Between 2001 and 2007, the prevalence of **arthritis in Alaska Natives has increased by 72%**, compared to the overall population increase of 59%. In 2007, over 19,000 Alaska Natives reported doctor-diagnosed arthritis, with a prevalence rate of 26%, compared to the total adult rate of 25%. In a recent study by the Alaska Native Tribal Health Consortium, the prevalence of self-reported doctor-diagnosed arthritis was higher in Alaska Native people (26.1%) compared to a Southwest American Indian population (16.5%) and the overall U.S. population (21.5%).[13]

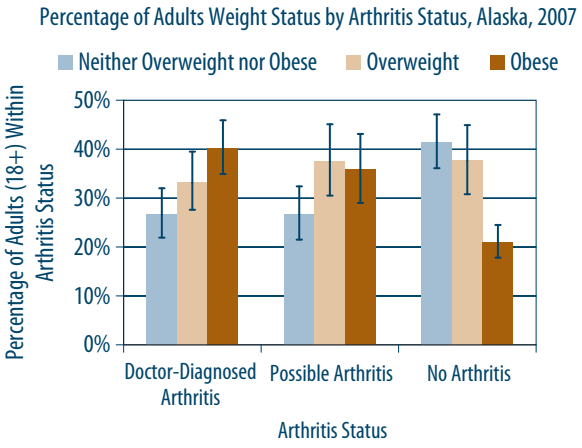
*Alaska Natives in Southeast Alaska have been found to have high rates of rheumatoid arthritis, lupus, and autoimmune liver disease. My research focuses on rheumatoid arthritis (RA), exploring the reasons for high rates of this autoimmune disease in Alaska Natives. We recently completed a study exploring genetic risk factors for RA at the Fred Hutchinson Cancer Research Center in Seattle, and the team has identified a few markers possibly associated with RA. We are also beginning a new study of healthy first-degree relatives of Alaska Natives with RA to focus on the development of RA and explore genetic and environmental contributors to this disease. My goal is to understand the reasons for high rates in Alaska Natives and hopefully find strategies for prevention.*

Elizabeth D. Ferucci, MD, MPH
Rheumatologist
Office of Alaska Native Health Research
Anchorage

# Risk Factors for Arthritis

## Weight

Being overweight or obese increases the likelihood that a person will develop osteoarthritis, especially in weight-bearing joints such as the hips and knees, and gout. In 2007, 65% of adult Alaskans could be classified as either overweight or obese; of those with doctor-diagnosed arthritis, **73% are either overweight or obese**.



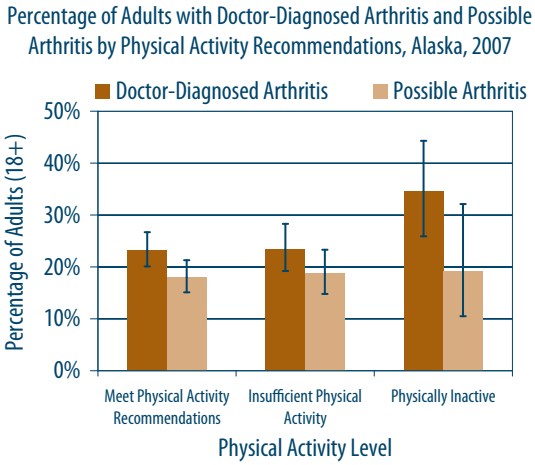

Body Mass Index (BMI) is a weight status indicator measuring weight for height ($kg/m^2$):

- **Obese:** BMI $\geq$ 30
- **Overweight:** BMI between 25 and 29.9
- **Normal/Underweight:** BMI <25

For more information about Body Mass Index and to calculate your BMI, visit the website: http://www.cdc.gov/nccdphp/dnpa/bmi

## Physical Activity

Regular physical activity maintains muscle strength and joint health, but **42%** of Alaskan adults with doctor-diagnosed arthritis reported they are insufficiently active or are physically inactive.




Levels of physical activity are defined as:

- **Recommended:** participating in moderate physical activity at least 5 times per week for at least 30 minutes or vigorous physical activity at least 3 times per week for at least 20 minutes.
- **Insufficient:** some activity but not enough to meet recommendations.
- **Inactive:** not participating in any physical activity or exercise other than their regular job in the past 30 days.

# Risk Factors for Arthritis

## Joint Injury

Arthritis, particularly osteoarthritis, may develop in joints that have been injured. Joint injury, repetitive motion, and poor ergonomics can occur at work, at home, or in sports activities. Reducing risks for joint injury and improving joint protection are important for preventing arthritis or limiting arthritis damage.

*According to the Arthritis Foundation over 46 million Americans suffer from arthritis. As an occupational therapist, I personally see a significant number of patients with upper extremity pain secondary to arthritis. Many times we are seeing a patient after they have undergone surgical procedures to correct deformity or breakdown of joints.*

*What can an occupational therapist do for you?*

- *Make custom splints to rest or support limbs. There are many different splints available for use during activity to diminish joint deformity and pain.*
- *Evaluate your home or workplace and suggest changes and modifications that will make arthritis easier to live with.*
- *Advise what exercises can relieve the pain of arthritis and which activities should be avoided.*
- *Design adaptive equipment or recommend assistive devices to help you function better in daily activities.*
- *Determine the psychological effects of arthritis, such as depression and emotional stress resulting from lack of sleep because of pain, disfigurement, or an inability to complete certain meaningful tasks. Occupational therapists can recommend coping strategies to combat emotional effects.*

Jean Keckhut, OTR/L, CHT
Occupational Therapist / Certified Hand Therapist
Anchorage

### Proven Interventions

- **Weight Control:** Decreasing BMI by 2 units reduces a person's risk for osteoarthritis by approximately 50%.[14]
- **Avoid Injuries:** Strategies include stretching, use of appropriate protective gear for sports, and use of equipment such as knee braces.[15]
- **Self-Management:** Evidence-based programs, such as the *Arthritis Foundation Self-Help Program* and the Stanford University *Chronic Disease Self-Management Program*, have shown beneficial physical and emotional outcomes, and health-related quality of life.[16] *Living Well Alaska* is Alaska's chronic disease self-management program.
- **Physical Activity:** Improves flexibility and joint mobility while reducing joint pain and stiffness.[17] The *Arthritis Foundation Exercise and Aquatics Programs* are evidence-based physical activity programs proven to help people with arthritis.

# Goals, Objectives & Strategies

**Mission: Improve the quality of life for Alaskans living with arthritis and related diseases.**

## Evidence-Based Intervention Programs

**Goal 1: Ensure evidence-based intervention programs are available to all Alaskans living with arthritis and related diseases.**

***Objective: Increase the availability and sustainability of evidence-based arthritis programs throughout Alaska.***

Strategies:

1. Develop and support strategies to create and maintain evidence-based arthritis programs in rural Alaska.
2. Develop and support strategies to promote the *Living Well Alaska* program.
3. Identify new systems partners to embed evidence-based programs in communities.
4. Encourage health care providers to refer patients to evidence-based programs.

Over the past 5 years, the Arthritis Program and its partners have increased participation in evidence-based intervention programs by 300% and people from over 40 different communities have been trained as program leaders.

The Arthritis Foundation, Pacific Northwest Chapter and the Alaska Arthritis Program collaborate to provide leader training and program support for the *Arthritis Foundation Exercise* and *Aquatics Programs* (*AFEP* and *AFAP*). In 2007, there were 14 *AFEP* sites and seven *AFAP* sites with approximately 400 Alaskans with arthritis who regularly participated in these programs.

*The Arthritis Foundation Exercise and Aquatic Programs are thriving in Metlakatla, Alaska. Our exercise group meets twice a week at the Annette Island Service Unit Community Service Conference Room. Our Aquatic Program is also offered to the public at the Lepquinum Wellness Center Pool fives days a week.*

*As stated by one of our participants, "This program has been a blessing to me. I came home in a wheelchair from major brain surgery. After the surgery I had a mild stroke and my arthritis flared. My therapy was short of a miracle. I now attend every Arthritis Exercise Class and am fully functional. Thank you…thank you…"*

Deb Rosenthal, PT
Physical Therapist
Metlakatla

# Goals, Objectives & Strategies

The *Living Well Alaska* program, Alaska's chronic disease self-management program, is a six-week workshop designed to empower people with various chronic diseases to take control of their health. The *Living Well Alaska* program began in January 2006 with a course leader and master trainer workshop in Anchorage by Dr. Kate Lorig and the Stanford University staff. From March 2006 to December 2007, 29 leaders conducted 22 *Living Well Alaska* workshops reaching 230 residents.


Arthritis is also prevalent in Alaskan adults with other chronic conditions: of adults who self-reported diabetes, **54%** also have arthritis; and **57%** of those who self-reported heart disease also reported arthritis.

## Partnerships

**Goal 2: Promote collaboration among health care providers, community organizations, government agencies, and professional organizations.**

***Objective 1: Expand and strengthen organizational partnerships.***

Strategies:

1. Link partners through a list serve for better dissemination of information, such as arthritis prevention and interventions, educational events, model programs, best practices, and advocacy issues.
2. Continue to identify and engage partners, especially from rural areas, to build and strengthen the Alaska Arthritis Advisory Group

***Objective 2: Increase partnerships with agencies that can leverage educational, public policy, outreach, and funding opportunities.***

Strategies:

1. Strengthen relationships with advocacy groups, such as the Alaska Commission on Aging and AARP, to monitor and advocate for arthritis-related legislation.
2. Identify and support arthritis-related advocacy priorities, such as improved access to health care and medications, maintaining livable winter cities, and environments that promote physical activity.

# Goals, Objectives & Strategies

The number of agencies and individuals who are interested and enthusiastic about addressing the arthritis burden is Alaska's most valuable resource. The Alaska Arthritis Advisory Group membership currently includes:

- Alaska Arthritis Program, AK DHSS
- Alaska Arthritis Education and Support Group
- Alaska Commission on Aging
- Alaska Health Promotion, AK DHSS
- Alaska Obesity Program, AK DHSS
- Alaska Occupational Therapy Association
- Alaska Pain Network
- Alaska Pharmacists Association
- Alaskans Promoting Physical Activity
- Alaska Tribal Health Consortium, Rheumatology Clinic
- Arthritis Foundation, Pacific Northwest Chapter
- Eat Smart Alaska
- Lupus Foundation of America, Alaska Chapter
- Kids and Teens Get Arthritis Too Support Group
- University of Alaska, Alaska Geriatric Education Center
- University of Alaska, School of Nursing

*The Alaska Pain Network (APN) is an informal volunteer network of groups and individuals interested in pain management education and advocacy. It is part of the Washington-Alaska Pain Initiative (WAKPI) and a member of the national Alliance of State Pain Initiatives (ASPI). The network seeks to work collaboratively with others to provide education on pain whenever and wherever there might be an opportunity. The network does not endorse any specific treatment, provider, or approach, instead encouraging providers and consumers to seek knowledge about all options and to make educated decisions about approaches to pain management.*

Pat Dooley, RN, BSN, MHSA, Coordinator
Alaska Pain Network
Anchorage

*The Arthritis Foundation, Pacific Northwest Chapter is committed to finding the most effective ways to serve Alaskans who have arthritis. At the national level, we are focusing on juvenile arthritis, rheumatoid arthritis and osteoarthritis in the areas of research, public health and public policy, areas which will benefit all Americans with arthritis. We will continue to expand our quality of life programs for people with arthritis in Alaska in the coming years and to add outreach programs not only to educate people living with arthritis, but their health care providers as well. Our advocacy efforts continue to focus on seeking expanded government support of research and to encourage Congress to expand funding for the Centers for Disease Control and Prevention Arthritis Program so that the Alaska Arthritis Program and other such departments nationally will also implement activities to address the needs of people with arthritis.*

Johanna Lindsay, Director of Programs and Services
Arthritis Foundation, Pacific Northwest Chapter
Seattle, WA

Arthritis Foundation Aquatic Program

Arthritis Foundation Exercise Program

# Goals, Objectives & Strategies

## Public Awareness and Education

**Goal 3: Increase the public's awareness and knowledge of arthritis and related diseases and the importance of prevention, early diagnosis and treatment.**

***Objective 1: Increase the awareness of arthritis resources and services available for Alaskans.***

Strategies:

1. Maintain and regularly update the *Alaska Arthritis Resource Guide*.
2. Develop a plan to distribute the Alaska Arthritis Resource Guide to target populations and evaluate success.

***Objective 2: Increase promotion of strategies for the prevention of arthritis.***

Strategies:

1. Identify and support mutual goals of agencies that work with physical activity, obesity prevention, fall prevention, and injury prevention.
2. Develop strategies to incorporate arthritis-related prevention messages with other messages that promote increased physical activity, obesity prevention, fall prevention, and injury prevention.

***Objective 3: Conduct targeted arthritis communication campaigns across Alaska.***

Strategy:

1. Develop a strategic plan to distribute education and program information, media, and other materials to target populations, and evaluate success.

Since 2005, the Alaska Arthritis Program has implemented the CDC health communication campaign, *Physical Activity. The Arthritis Pain Reliever.* Over 3000 brochures were distributed in clinics and by providers, as well as at various community health fairs, events and presentations; approximately 10,000 radio spots were run in 18 Alaska communities.

# Goals, Objectives & Strategies

## Quality Health Care

**Goal 4: Improve the quality of health care for people with arthritis and related diseases.**

***Objective 1: Educate health care providers on proper diagnosis and management of arthritis and related diseases.***

Strategies:

1. Establish a regular schedule of arthritis-related continuing education for health care providers through partners, such as the Arthritis Foundation and the Alaska Geriatric Education Center.
2. Explore methods to deliver arthritis-related continuing education to rural providers, such as video-conferencing and web-based seminars.
3. Improve communication and referrals between primary care providers and rheumatologists and clinics.
4. Advocate for evidence-based pain management.

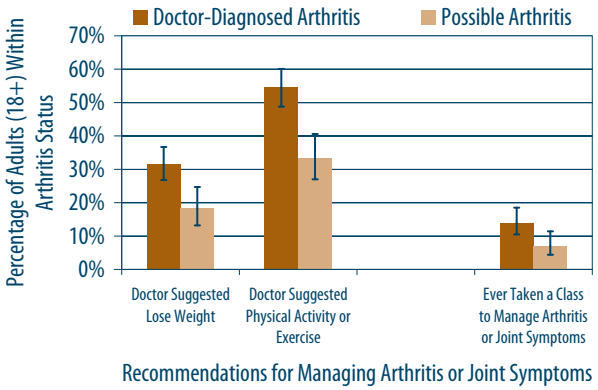
***Objective 2: Support efforts to recruit and retain rheumatologists in Alaska***

Strategies:

1. Support efforts of the Alaska Physician Supply Task Force and provide education on the specific need for rheumatologists and rheumatology training for other health care providers.
2. Continue to advocate for increased number of WWAMI (Washington, Wyoming, Alaska, Montana, and Idaho) medical students.

With only four practicing rheumatologists in the state, most Alaskans with arthritis, if they do not seek care in Seattle, are treated by family practitioners, nurses, physician assistants, and community health aides. These health care providers must be aware of the need for early diagnosis and appropriate management of arthritis, including self-management activities, such as self-management courses, physical activity, and weight control.

Recommendations for Managing Arthritis or Joint Symptoms by Doctor-Diagnosed Arthritis and Possible Arthritis, Alaska, 2007




*Proper treatment of arthritis, of which there are over 120 varieties and subsets, is dependent on an accurate medical diagnosis and creation of a treatment plan. This is best carried out by a rheumatologist, of which there are four practicing in the state of Alaska, two providing care for Native Alaskans and two providing care for non-Native Alaskans. This represents an insufficient number of rheumatologists available to provide both direct and consultative care for the population. I would strongly recommend that efforts be made to increase the number of practicing rheumatologists in the State in order to meet the above goal [improved quality of life for Alaskans living with arthritis and osteoporosis].*

Michael B. Armstrong, MD, FACR
Diplomate, American Board of Internal Medicine
Subspecialty of Rheumatology
Anchorage

# Goals, Objectives & Strategies

## Surveillance

**Goal 5: Monitor the impact of arthritis and related diseases in Alaska.**

***Objective 1: Monitor the prevalence and impact of arthritis in Alaska.***

Strategies:

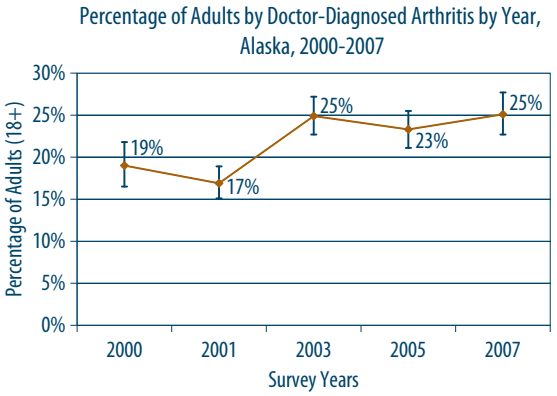
1. Continue to collect and analyze data on the prevalence of arthritis and related risk factors, such as activity limitation, quality of life, and economic costs of arthritis in Alaska.
2. Identify other available sources of arthritis-related data, especially in disparate populations in Alaska.
3. Increase the dissemination of data and information collected.

***Objective 2: Monitor the impact of arthritis intervention activities in Alaska.***

Strategies:

1. Develop a task force to monitor and evaluate strategies related to arthritis education and media, evidence-based programs, and health care professional continuing education.
2. Continue to evaluate reach and fidelity of the Arthritis Foundation Exercise and Aquatics Programs and the Living Well Alaska program.

The Alaska Behavioral Risk Factor Surveillance System (AK BRFSS), a yearly population-based random telephone survey, asked questions about arthritis for the first time in the year 2000. Since 2001, the arthritis questions have been a component of the AK BRFSS in each odd year, providing data on arthritis, arthritis risk factors, and quality of life to monitor the prevalence and impact of arthritis at the state level. Burden reports and fact sheets containing these data have been disseminated to partners, community leaders, health care providers, and public health advocates. All documents are available online at http://www.hss.state.ak.us/dph/chronic/arthritis.



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